



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE BOARD OF HEALTH**

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

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**Arlington Board of Health Demolition
APPLICATION**

Inspection FEE: \$50.00

Property address to be demolished: _____

Date of demolition: _____

Company to perform work: _____

Property Owner: _____

Contact person and phone number: _____

1. ASBESTOS

An inspection of the facility by a licensed asbestos contractor must be conducted prior to demolition.

****Agent must include inspection report from licensed asbestos contractor with this application.**

Licensed asbestos contractor name and license number: _____

Is asbestos present: yes _____ no _____

If asbestos is found during inspection, all material must be removed prior to demolition. The Department of Environmental Protection requires notification at least 10 business days prior to asbestos removal activities. Material must be disposed of properly and all records must be submitted to Board of Health Office.

Type of material present: _____

Licensed contractor removing material if different from above: _____

2. MERCURY SWITCHES

Are mercury switches present: yes _____ no: _____

note: switches are commonly found in gas and oil furnaces, sump pumps, flow meters, appliances, float switches, wall thermostats

Thermostats must be disposed of through a Board of Health approved method as required by **Arlington Board of Health Regulation on the Disposal of Mercury Thermostats**. Failure to dispose of mercury containing thermostats properly will result in a \$200.00 fine. Thermostats and mercury containing devices may be brought to the Board of Health Office, 27 Maple Street or to the Department of Public Work Office at the Town Hall and will be collected free of charge.

3. ABANDONED CHEMICAL

present: yes:_____ no:_____

type of material present:_____ approximate amount present:_____

how will material be removed, disposed of:_____

4. COOLANT GASES (freon from air conditioners or cooling units such as refrigeration)

present: yes:_____ no:_____

type of material present:_____ approximate amount present:_____

how will material be removed, disposed of:_____

Freon equipment at the property must be purged by an approved person and agent must present copy of the document noting that all freon has been removed in accordance with EPA/DEP requirements.

5. BATTERIES

Present: yes:_____ no:_____

Type of material present:_____ Approximate amount present:_____

How will material be removed, disposed of:_____

6. FUELS AND STORAGE TANKS

Property must be inspected for underground storage tanks and tanks must be removed under Fire Department permits.

Present: yes:_____ no:_____

Type of material present:_____ Approximate amount present:_____

How will material be removed, disposed of:_____

Material used to heat facility: oil:_____ gas:_____ electric:_____

7. HYDRAULIC FLUIDS

Present: yes:_____ no:_____

Type of material present:_____ Approximate amount present:_____

How will material be removed, disposed of:_____

8. FLOURESCENT LIGHT TUBES

Present: yes:_____ no:_____

Type of material present:_____ Approximate amount present:_____

How will material be removed, disposed of:_____

9. DIELECTRIC FLUIDS (BALLASTS and TRANSFORMERS)

Present: yes:_____ no:_____

Type of material present:_____ Approximate amount present:_____

How will material be removed, disposed of:_____

11. DUST CONTROL:

The contractor demolishing the property must take appropriate measures to not create nuisance conditions to abutters. Arrangements must be made prior to demolition to have water or other misting agent at the site. If hydrants are used by DPW Water Department approvals are necessary.

Method that will be used to control dust:_____

12. PEST CONTROL:

Property must be baited for rodents. A copy of the pest control contract must be submitted to the Board of Health Office with this application.

Company to be used:_____

13. BUILDING COMPONENTS CONTAMINATED BY FORMER SITE OPERATIONS:

Has a hazardous waste site designation been filed with the D.E.P. for this site?_____

Type of material present:_____ Approximate amount present:_____

Where is material present?: _____

How will material be removed, disposed of:_____

Name of Licensed Site Professional (LSP) handling site assessments:_____

LSP Contact information:_____

Information is accurate and has been reviewed by a person in charge of the demolition prior to submitting this document to the Arlington Board of Health

Signature:_____ Date:_____

PRINT:_____

-----office use only-----

Health Department Inspector:_____ Date of Inspection:_____

Comments:

Signature:_____